

VDH Script for Interviewing Coronavirus Disease (COVID-2019) Cases

(Red text indicates VEDSS data elements, red bolded text indicates minimum required data elements)

This script is meant to be a GUIDE or template for suggested communication strategies during a case-patient interview. You, as the interviewer, must be comfortable adapting to different and unique needs of the case-patient.

Before starting the interview, prepare by reviewing and/or documenting the following:

- Case-patient's name and **date of birth**
- Is this case part of an outbreak?
- Under what process was the case first identified?
- Date of first positive specimen collection and lab test type
- **Earliest date on which an interview was attempted**

Principles for interactions with COVID-19 patients:

- Ensure and protect confidentiality.
- Demonstrate ethical and professional conduct.
- Create a judgement-free zone.
- Be open-minded (everyone has a unique story).
- Be attentive and respectful.
- Be aware of your own biases (cultural humility).
- Establish open dialogue and pause often to listen.
- Ask open-ended questions.
- Use reflective listening techniques.
- Use culturally and linguistically appropriate language.
- Employ critical thinking and problem solving.
- Be flexible with the interview format.
- Adapt to address concerns and information that naturally arise during conversation.
- Identify areas of need and link to appropriate resources.
- Don't overstep or overpromise.
- Set the stage for ongoing communication and support during isolation.

Introduction

Aim: Introduce yourself and establish credibility. Verify patient information, build rapport, and address confidentiality.

Reminders

- Document date and time of call attempts and date of completed initial interview
- Notify supervisors if numbers are not in service

Voicemail

*Hello, my name is **INTERVIEWER NAME** and I'm calling from the **JURISDICTION NAME** Health Department. The **JURISDICTION NAME** Health Department is trying to reach you about an urgent public health issue. Please contact us immediately at **INSERT PHONE NUMBER**. If no one is*

available when you call back, please leave a message with your full name and the best phone number where you can be reached. [If appropriate, you can add: 'You can also email us at **INSERT EMAIL ADDRESS**. Thank you.']

Answered

Hello, my name is **INTERVIEWER NAME** and I'm calling from the **JURISDICTION NAME** Health Department, calling for **RESPONDENT NAME**. How are you today?

- [For minors] Who is your parent/guardian, and how can I reach them?
- First off, what language(s) do you feel the most comfortable speaking?
 - If non-English: Thank you, I will call you back in just a minute with a translator.
- I am following up with you to discuss an important health matter. This call is private and intended to assist you with this matter. Is now a good time to talk privately?
 - If you are not available now, let us schedule some time to talk. We want to check in on your health and make sure that you can get the referrals and resources you may need, and answer the questions that you may have.

Verify Identity

It is important for me to ensure that I am speaking with the right person and that the information we received is correct. Can I confirm that I am speaking with **NAME**?

- If name matches, Can you confirm your **full name**, with spelling, and **date of birth** please? What name would you like me to call you?
- If DOB indicates they are <18 years old, ask to speak to the guardian
- If name does not match, verify if they are a parent or legal guardian, proxy, or healthcare provider. Do not confirm or deny the case name.
 - Who is providing information?
 - Parent/guardian (name), Healthcare Provider (name and facility name), or Other (specify relationship to case-patient)
 - If not case patient: **Did the patient pass away from this illness (date of death)?**

Reason for Call

Thank you for confirming that information. The **JURISDICTION NAME** Health Department received a report that you were recently tested for COVID-19 and your result has come back positive, meaning that you are infected with coronavirus or COVID-19. (OR were recently diagnosed with coronavirus or COVID-19). We follow up with people with COVID-19 to make sure they have the information they need to isolate to keep themselves and their family safe. We also reach out to their close contacts to notify them of exposure so that they can get tested and quarantine to prevent the spread of COVID-19. Your name will not be disclosed to the contacts we call. I would like to review some important questions with you so we can provide you with support and work together to stop the spread of COVID-19 in our community.

Confidentiality

Before we go into detail, I want to be sure you understand that everything we discuss is confidential. This means that your personal and medical information will be private and only shared with those who may need to know, like your health care provider. What questions do you have about your privacy/confidentiality?

I also want to clarify that I cannot provide you with medical advice. I will gather information about your symptoms because it is important public health information for our response to COVID-19. If you need additional medical information, please speak with your healthcare provider. If you do not have a healthcare provider to see, we can help refer you to care. If you believe you are having a medical emergency, you should call 911.

Demographic Information

Aim: Verify and obtain patient demographic and locating information.

Demographic and Contact Information

I would like to begin by asking you a few questions to make sure that the information that we have is correct and also find out the best way to contact you.

- *Where do you live (or stay)? **What is your current address?** (address, city, **state**, zip, **county**, country, country of usual residence)*
 - *[If the person indicates that they 'live on the street' or are experiencing homelessness] If you do not have a regular place that you stay, where is it best to find you?*
 - *Who else lives with you? (Who else stays at that address?)*
 - *How many people regularly stay at that address?*
- ***What is the best phone number and email address to reach you?***
 - *What is the best time to contact you?*
- ***What is your sex?***
- ***Do you consider yourself of Hispanic or Latino origin?***
- ***How would you describe your race?***
- ***What is your height and weight?***
- ***In case of an emergency, if I could not reach you, who would I call? What is their number? What is that person's relation to you?***

Health Information

Aim: Assess COVID-19 symptoms, onset, and duration in order to develop a baseline for medical monitoring and contact elicitation window. Assess underlying health conditions.

- Patient was tested:
 - *I would like to talk about your recent positive test for SARS-CoV-2, which is the virus that causes COVID-19, at PROVIDER. First, let me confirm the date you got tested for COVID-19 [confirm specimen collection date].*
- Patient not tested:
 - *I would like to talk about your COVID-19 diagnosis based on*

- The symptoms you reported while you were being monitored as a contact, or
 - A diagnosis reported by your **PROVIDER**
- We will speak about ways we can work together to keep you as healthy as possible and prevent the spread of the virus. How does that sound?
- There are some things that you can do to manage your symptoms at home. I would like to take a few minutes first to find out about your symptoms, and discuss how we can support you during this time. I can also answer questions you have about your illness.
- COVID-19 can cause a variety of symptoms. Some COVID-19 symptoms can seem like a common cold and others are more severe and sometimes people have no symptoms.
- I am going to read a list of possible COVID-19 symptoms. Please let me know if you have had any of the following symptoms...

If the patient states any of the emergency warning signs (e.g., trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone) refer them for emergency medical attention immediately!

- | | |
|---|--|
| ○ Fever >100.4F (highest measured temperature or subjective only) | ○ Difficulty breathing |
| ○ Chills or rigors | ○ Shortness of breath |
| ○ Muscle aches | ○ Nausea or vomiting |
| ○ Fatigue or malaise | ○ Headache |
| ○ Runny nose (rhinorrhea) | ○ Abdominal pain or tenderness |
| ○ Sore throat | ○ Chest pain |
| ○ Cough (new onset or worsening of chronic cough) | ○ Diarrhea (≥3 loose/looser than normal stools/24 hr period) |
| ○ Wheezing | ○ Loss of appetite |
| | ○ New loss of smell or taste |
| | ○ Other symptoms (specify) |
- **Did you experience these symptoms before and/or after you were tested for COVID-19?**
 - **What date did you first feel sick or notice symptoms of COVID-19?** Even if these were minimal symptoms like being extra tired or a runny nose, we want to be sure to capture the first day you felt symptoms. (date and time of onset)
 - **How are you feeling now?** (still sick/symptomatic, symptoms have resolved and date of resolution, unknown)
 - **Did your symptoms require you to go to the hospital?**
 - **If yes, which hospital and were you admitted?** (date admitted, date discharged)
 - **Were you admitted to an intensive care unit (ICU)?**
 - **Was there a need for you to be on a ventilator during your hospital stay (was a machine used to help you breath)? How long were you on the ventilator?** (total days with mechanical ventilation/intubation)
 - **What other conditions or complications did they identify at the hospital?**
 - **Did you receive ECMO? (a therapy that adds oxygen to blood)**
 - **Did you develop pneumonia?**
 - **Did you have acute respiratory distress syndrome?**

- *Did you have an abnormal chest x-ray?*
- *Did you have an abnormal EKG?*
- *Did you have another diagnosis or cause for your illness?*

Note: Some of this information may require additional review of medical records

- *Some other health conditions may affect how COVID-19 affects the body. Sometimes we may need to do extra monitoring for people who have other health conditions to be sure that we can get them help if they need it. Have you ever been diagnosed by your health care provider with any of the following?*
 - *Chronic Lung Disease (e.g., asthma, COPD, emphysema)*
 - *Diabetes*
 - *Cardiovascular disease*
 - *Chronic renal failure*
 - *Chronic liver disease*
 - *Severe obesity (BMI ≥ 40 , or calculate from height and weight asked previously)*
 - *Immunocompromised condition (e.g., A health condition that affects your immune system. This can be due to a number of things like cancer treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of oral steroids or other immunosuppressant medications, HIV or AIDS, etc.)*
 - *Neurologic/neurodevelopment/intellectual disability (specify)*
 - *Other underlying condition or risk behavior condition (specify)*
- *Other activities can increase the risk of complications from COVID-19, including smoking. Do you smoke? When is the last time that you smoked? (Current or former smoker)*
- *[If female] Are you pregnant currently or have you been pregnant in the last two weeks? What is your due date?*
- *What other tests have you had for your symptoms, besides the COVID-19 tests discussed earlier? When? Do you know the results?*
 - *If speaking to the healthcare provider, can ask about; Influenza A/B Rapid Ag. Influenza A/B PCR, RSV, H. metapneumovirus, Parainfluenza (1-4), Adenovirus, Rhinovirus/enterovirus, Coronavirus (OC43, 2229E, HKU1, NL63), M. pneumoniae, C. pneumoniae, Other pathogen (specify)*

Vaccination

Finally, I would like to talk with you about the COVID-19 vaccination.

- *Did you ever receive a vaccine against COVID-19?*
 - *If so, when?*
 - *Which vaccine did you receive?*
 - *Can you please provide the vaccine lot number? This will be listed on your COVID-19 Vaccination Record Card.*
 - *If infected between two-dose series: If you get a COVID-19 infection after the first dose of COVID-19 vaccine, your second COVID-19 vaccine dose should be deferred until you have recovered from the symptoms of COVID-19 disease AND until you have been allowed to discontinue isolation. If you do get COVID-19 disease after one dose of either the Pfizer or Moderna vaccine, you should report that to CDC on your v-safe phone app.*

- Vaccine breakthrough guidance for the VDH Case Investigator is available [here](#).
- **If not yet vaccinated:** *After you have recovered from the symptoms of COVID-19 disease AND you have been allowed to end isolation, it is safe to receive a COVID-19 vaccine regardless of whether you already had COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again.*
 - *Once your isolation period is completed, you are able to get vaccinated. Can I help you set up an appointment or find a walk-in location over the phone?*
 - *If you are able to open a website browser, please visit www.vaccines.gov and click the blue button which says “Find COVID-19 Vaccines”.*
 - *If you do not have access or would prefer to speak on the phone, please call our statewide Call Center at 1-877-VAX-IN-VA.*
 - *If you have already received your first dose of a two-dose series, please select the first dose brand. Or if you are between the ages of 12 and 17, please only select Pfizer.*
 - *Please enter your 5-digit zip code and click the blue button that says “Search for Vaccines” to find results listed in order from closest to farthest from your zip code. Click on a location in which you’re interested to reveal more information including hours of operations and if an appointment must be made.*
 - *Please remember that you must wait until after your isolation period is complete on [END OF ISOLATION DATE] before going to get a COVID-19 vaccine because you could make other people sick.*
 - *If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.*

Exposures

Aim: To understand epidemiologic and exposure source.

Now, I have a few questions to try to determine where you might have been exposed, which helps the health department gather information about the epidemic.

Work and Life

- *First off, **what do you do for work (name, location)?** (occupation, workplace/school/childcare name and grade)*
 - *[If the patient is involved in school], Are you a student or employee?*
 - *[If the patient is involved in K-12 or college], What type of learning are you participating in as a student or teacher (hybrid, in-person, remote only)?*
- ***Do you work in a healthcare setting?***
 - ***What type of healthcare worker?** (environmental services, nurse, physician, respiratory therapist, other)*
 - ***What is your job setting?** (hospital, rehabilitation facility, long-term care facility, nursing home/assisted living facility, other)*
- ***Which would best describe where you were staying at the time you developed COVID-19?***

- *Do you reside in a congregate setting?* (name of congregate facility/setting [e.g., ALF/LTCF/jail, etc.])
 - *Were you incarcerated at the time you got tested for COVID-19?*
 - *If yes, what location?* (federal prison, juvenile detention, local/regional/state jail)

*It can take 2-14 days after exposure to the virus to develop COVID-19. In the 2 weeks before you felt sick or were diagnosed with COVID-19 (starting on **DATE**), did you...*

- *Travel internationally?* (All countries of travel outside of US in the last 14 days)
- *Travel domestically?* (All states, cities, counties travelled outside of VA in the last 14 days)
- *Cruise ship or vessel travel?* (As a passenger or crew member, ship or vessel name)
- *Have contact with another person that possibly had COVID-19?*
 - *Was this someone you live with, a close friend or colleague, someone in your workplace, a healthcare setting, at a community event?* (Household contact, community contact, or healthcare contact (healthcare worker, patient, or visitor))
- *Have any workplace, congregate, animal, or other source of known exposure?*
 - *Workplace exposure?* (specify if workplace is critical infrastructure (e.g., healthcare setting, grocery store))
 - *School, university, child care center exposure?*
 - *Correctional facility exposure?*
 - *Community event or mass gathering* (e.g., wedding, birthday party, BBQ, etc.)?
 - *Adult congregate living facility exposure* (e.g., nursing home)?
 - *Airport or airplane exposure?*
 - *Contact with an animal with confirmed or suspected COVID-19?*
 - *Exposure facility or event name?* (specify)

Contact Tracing

Aim: Discuss parameters and importance of contact elicitation. Elicit contacts who may have been exposed to COVID-19. Identify congregate living and work environments with potential exposure.

Introduction

One thing we can do as a community in Virginia to stop the pandemic is contact tracing. We need your help to do this. We are talking to everyone who is diagnosed with COVID-19, such as yourself. We need to notify people you came into close contact with while you were contagious and urge them to monitor their health and get tested, and quarantine to prevent the spread of COVID-19. If some of your close contacts are fully vaccinated, they may not need to get tested or quarantine, but we would still ask them to monitor their health and make them aware of their exposure.

Not every person you briefly walked by will need to be notified, but people you spent time talking, working, laughing, crying, singing with, or touching...those people who you were within

6 feet for a cumulative total of 15 minutes or more over a 24 hour period while you were considered contagious, would be considered a close contact. You are considered to be contagious starting 2 days before you became sick, or 2 days before your positive specimen was collected if you never had any symptoms, until meeting the criteria to end isolation.

When we talk about who may have been exposed to COVID-19, you should think about people who live in your household, people at work/school, and people who you interact with during hobbies, social events, and other daily activities. Mask use is not considered when determining COVID-19 exposure. People who have been fully vaccinated or previously diagnosed with COVID-19 in the last three months may not need to quarantine or be tested for COVID-19, however I will need to verify a person's COVID-19 vaccination status with the person themselves. You may want to notify some people of their exposure, and tell these people to expect to be contacted by the health department.

It is important that I emphasize again that your privacy will be protected at all times. The health department will not disclose your name. The health department will not disclose your name to your employer/school. We will also not disclose information about the people you have been in contact with, without your consent. We will let them know that they may have been exposed to COVID-19 recently and check in with them about any symptoms that they may be having and refer them to health care, or else talk to them about how important it is for them to quarantine and watch for symptoms so that they don't spread the virus to others.

Contact Elicitation

Aim: Discuss parameters and importance of contact elicitation; Assess and allay patient's concerns; Elicit close contacts who may have been exposed to COVID-19; Identify congregate living and work environments with potential exposure.

- *Now I would like to discuss your close contacts and identify who may need to be notified of exposure so that they can get tested and quarantine to prevent the spread of COVID-19. If some of your close contacts are fully vaccinated, they may not need to get tested or quarantine, but we would still ask them to monitor their health and make them aware of their exposure. How do you feel about that?*
- *In order to stop COVID-19 from spreading in the community, we will need to discuss who may have been exposed and work with them to make sure they get care if they need it and have them monitor themselves for symptoms so that they don't spread it to others by accident.*
- *It's important that I emphasize again that your privacy will be protected at all times. The health department will not disclose your name. We will also not disclose information about the people you have been in contact with. We will simply let them know that they may have been exposed to COVID-19 recently and check-in with them about any symptoms that they may be having and refer them to health care, or else talk to them about how important it is for them quarantine and watch for symptoms so that they don't spread the virus to others.*
 - **For symptomatic patients** – *Earlier when we talked about your symptoms, you said that your symptoms first started on **ONSET DATE**. To figure out when you possibly started being contagious, we would go back two days before that date, to cover the time frame when you could have passed the virus to someone else, even without symptoms. That*

date would be **START DATE**. Let us talk about the people you spent time with, the places you have gone, and other daily life activities between **START DATE** and today.

- **For asymptomatic patients** – Since you could have passed the virus to someone else, even without symptoms, we would go back two days before the date of your positive test (specimen collection date) for COVID-19 on **TEST DATE** which would be **START DATE**. Let us talk about the people you spend time with, the places that you have gone, and other daily life activities between **START DATE** and today.
- Household contacts –
 - First, people who live in the same household are more likely to contract COVID-19 because of the close living environment, the amount of time spent together, and the shared surfaces that can transmit the virus. We want to make sure that those you live with can be tested or evaluated for COVID-19.
 - Who lives with you? Who else stays with you from time to time? Who has stayed with you recently?
 - Let us talk about each of these people (e.g., names, ages, contact information, potential risk for COVID-19 or complications) and then discuss what would be the best way to notify them of exposure.
- Healthcare contacts –
 - Did you visit any healthcare facility or other healthcare setting between **START DATE** and today? This may include a physician office, dentist office, outpatient clinic, pharmacy, urgent care center, hospital, etc.
- Workplace contacts –
 - Have you been at your job? If yes → Let's talk about the work that you do and your work environment to see who may need to get tested or evaluated for COVID-19.
 - Earlier we talked about what you do for work. Let me just confirm, I have it listed as **OCCUPATION**.
 - When was the last time you were at work? Did you feel sick on that day? Have you called out sick since then? What have you told them about your diagnosis/test results? What is your work schedule? How do you travel to and from work? What is your work setting like? Did you have meetings in-person? Where do you eat lunch?
- School contacts –
 - Are you in school? If yes → Let's talk about the classroom environment or any extracurricular activities where you may have been in close contact with others.
 - What type of learning are you participating in? (Hybrid, In person, Remote only)
- People, places, activities, and events –
 - Let's talk about your daily activities from **START DATE**. Let's talk about the people you spent time with, the places you went and the events you attended.
 - You said your first symptom started on **ONSET DATE** which was a Monday/Tuesday/etc., let's think back to the two days before that. What were you doing then?
 - What family or friends or partners have you been with recently?
 - Has anyone else told you that you may have been sick or exposed to COVID-19?

- *Tell me about any other recent activities? Have you...gone out to get your hair done? Gone out to eat or out for drinks? Taken a class? Taken public transportation? Exercised with others? Celebrated an occasion? Attended religious services? Volunteered? Traveled for vacation?*
- *Do you have a personal calendar or other schedule that you use to help remind you of specific activities? Do you have any apps on your phone that may provide clues to your whereabouts during this time (photos, Facebook, WhatsApp, Instagram, mobile banking apps, messaging apps, google maps, etc.)?*
- *Is there anyone else you can think of potentially coming in close contact with during the time from **START DATE** through today?*
- *We do encourage you to let your contacts know about their exposure. In particular, if you can let them know we will be calling, they may be more likely to answer their phone. It is important we speak with them for a few reasons. First, if they are having symptoms they likely need to get testing for COVID-19. Second, we want to be sure to help them protect their friends and family. We know that all of this can sound scary, but we also know that the only way to beat this pandemic is to work together as a community to stop it. The more contacts we identify and get tested early, the more cases we can prevent.*

COVIDWISE

- *Have you heard of the Virginia's Exposure Notification app, COVIDWISE? This app can be used to anonymously notify other people you may have had close contact with who you are unaware of.*
- *Have you downloaded and enabled the COVIDWISE application or COVIDWISE Express on your phone over 24 hours ago?*
 - *YES → That's great; you can use the [COVIDWISE verification code portal](#) to obtain a unique code to report your results. The code is not attached to your identity or personal information.*
 - *In the app, go to the "Notify others" tab and click the "Share a Positive Result" button. You can review the 100% Transparency Checklist to understand how the app works, and that it will not be sharing any of your information with others. On the next screen please click on the link to visit the COVIDWISE verification code portal.*
 - *The portal will ask you to verify your last name, date of birth, and test date to help verify your result in the system. This prevents users from entering false reports. Then you can send yourself a link to report directly in the COVIDWISE app or generate your code on the screen to report in the app.*
 - *You can now use the link or verification code to anonymously notify your close contacts that they may have been exposed to COVID-19.*
 - *NO → OK, if you had, you would have been able to anonymously notify others of their exposure to you. VDH recommends that you have your family and friends install the app to help protect them. If you'd like more information, visit the following webpage <https://www.vdh.virginia.gov/covidwise/>.*

Public Health Recommendations

Aim: Discuss importance of daily health monitoring and develop a plan to access medical services should the need arise. Discuss parameters and importance of isolation recommendations. Assess patient's concerns and ability to isolate safely.

Monitoring

Thank you so much for your assistance providing all of this information. I would like to first talk with you about setting up a plan for you to monitor your health so that we can get you help if you need it. We recommend that you take your temperature every day and keep track of how you feel. We can provide a [daily monitoring log](#) that you may print to help keep track of your illness. If your symptoms get worse or you develop new symptoms, we can work together to get you medical care, if you need it.

- *[If moving previous contact to Isolation Workflow in Sara Alert] You are already familiar with Sara Alert, the monitoring system we have set up to help with communications for daily check-ins. You should expect to continue to receive these messages, and respond, until you are fully recovered and no longer contagious.*
- *[If using the Isolation Workflow in Sara Alert] We are using a system called Sara Alert that you will use each day to report your symptoms until you are recovered. Sara Alert will send you a daily reminder either by email, text message, or phone call. Message and data rates may apply depending on the contact method you select and your cell phone plan. If possible, we prefer that you use a web-enabled option, such as email or a smartphone, as this provides us more detail on symptoms but please choose the option that is best for you. (Complete set-up in Sara Alert system)*

Sometimes people with COVID-19 can have complications. You will need to be aware of what is happening with your body so that you can tell if you have any emergency warning signs. These may include trouble breathing, persistent pain or pressure in the chest, new confusion, trouble speaking, trouble swallowing, impaired coordination, inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone, or numbness/paralysis on the face/arm/leg. If you have ANY of these or any other symptoms that are severe or concerning to you, please call your medical provider or go to the emergency room right away. You do not need to notify us first. If you call 911 or go to the emergency room, tell them that you have COVID-19 and also wear a cloth face covering when an ambulance comes to get you or if you visit a medical provider.

HEALTH MONITORING SUPPORT

- *Do you have a washable cloth face covering, gloves, a thermometer, 60% or greater alcohol based hand sanitizer, soap, tissues and EPA registered household disinfectant?*
- *Do you have a plan for if you develop new symptoms or start to feel sicker?*
- *How would you get to the emergency room if needed?*
- *Where do you usually go when you are sick?*
- *Who is your primary medical care provider? Do you feel comfortable communicating with your primary medical care provider about your symptoms? What medical appointments/procedures do you have coming up?*
- *Who usually helps take care of you when you are sick? Have you told them about your COVID-19 diagnosis?*

Isolation

Now I would like to talk with you about home isolation, review the recommendations, and identify what you may need to support you and keep you and your family and other household members healthy. How does that sound?

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Anyone infected with COVID-19 can spread it, even if they do not have symptoms. It will be important to keep your family and other household members safe. This will mean that you will have to stay at home, in a separate part of the house from anyone who is not fully vaccinated, preferably in a bedroom by yourself, and use your own bathroom that no one else uses during this time. You must remain in your 'sick room' and home, isolated, for at least 10 days after you became ill or tested positive and after feeling well, and without fever, for at least 24 hours. Let's talk about what this looks like for you.

Let's review things you can do to take care of yourself:

- *Stay hydrated and drink plenty of water; avoid caffeine and alcohol. Get plenty of rest.*
- *Seek medical assistance if your symptoms worsen. Call in advance if seeking medical care.*

Let's review what you can do to keep others safe:

- *Do not leave your home except for urgent medical care. If you must leave, wear a mask as available. Make sure to call the provider before you go and tell them you are diagnosed with COVID-19. Do not take public transportation, ride shares, or taxis.*
- *Keep 6 feet from people at all times, especially if they are not fully vaccinated. Wear a mask any time you are around others in your home and anyone you come in contact with in your household should wash their hands often and wear a mask whenever they are in close contact with you.*
- *Do not have visitors in your home.*
- *Avoid touching your face as much as possible.*

- You will need to sleep alone and stay in a separate room if possible. Have food and other necessities and recreational items left outside the door to minimize your contact with others.
- If possible, use a separate bathroom.
- Wash your hands frequently throughout the day with soap and water for at least 20 seconds.
- Wipe down surfaces that you touch frequently with household cleaning spray or wipe, according to label instructions. Your bathrooms should be cleaned every day using a household disinfectant.
- Avoid sharing other personal household items (sheets/blankets, utensils, cups, dishes, towels). Wash your laundry separately with detergent.
- Remain separate from pets, just as you would with other household members. Avoid direct contact, including petting, snuggling, being kissed or licked, or sleeping in the same location as your pet. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with them. [service animals may remain with their handlers]

It will be important to identify other people who can help you with daily life activities during self-isolation. A fully vaccinated family member or friend might be the best person to help you. You will need to stay at home and stay separate, therefore you will need others to support you with grocery shopping, picking up medications, and caring for children, or family members who you otherwise would be caring for while you are sick.

*Remember, you can be with others after 10 days have passed since symptoms first appeared and at least 24 hours with no fever, and other symptoms improved. If you tested positive for COVID-19 but had no symptoms, you can be with others after 10 days have passed since the date of your first positive COVID-19 diagnostic test (specimen collection date) if you continued to have no symptoms. Since you stated you started to feel sick on **ONSET DATE** (or tested positive on **TEST DATE**) then at minimum that would be (+10) **END DATE**.*

That was a lot of information. Let us talk about any concerns you might have so that I can provide support as best as possible.

- What would home isolation look like for you? What assistance would be helpful?
- What would be helpful for you to better understand or remember the instructions about home isolation? (e.g., writing down minimum **END DATE** somewhere they will remember, email, print resources)
- What challenges do you foresee with maintaining your health and your household during isolation?

Do you have any other questions or concerns about home isolation or health monitoring expectations at this time?

ISOLATION SUPPORT

- **Housing**

- *What does your living situation look like? Are there shared common areas, how many bathrooms, shared laundry, elevators, etc.?*
- *Who else lives with you? What are their names, ages, and relationships to you?*
- *Do you have a separate room for sleeping and daily activities where you can stay away from others in your household?*
- *Do you have a separate bathroom you can use? If no, do you or someone you live with have the ability to clean the bathroom after each use?*

- **Basic Necessities**

- *Do you have reliable access to fresh water and enough food over the next 2-3 weeks?*
- *How will you prepare your own food? Who can assist you with getting meals?*
- *How will you get other household supplies? How about over-the-counter medication?*
- *What medications will you need to take? How long until your prescriptions need to be refilled?*
- *Do you have reliable access to heat, electricity, phone services, etc.?*

- **Care**

- *Are you independent with your daily activities such as bathing, moving around your house to do your activities or do you have appropriate assistance?*
- *How many children do you care for regularly? Is there someone else in your household that is healthy that can care for them?*
- *What pets or animals do you have in your household? What kind of supplies will you need for them during your isolation? Is there anyone else who can take care of your pets or animals?*
- *Do you have someone that can care for you (prepare meals and leave outside sick room, clean, prepare medication, call for help if needed)*
- *Does anyone in your household have other medical conditions, like the ones we reviewed earlier? If so, who and what medical conditions do they have that concern you?*

- **Safety and stability**

- *How safe do you feel in your current living situation? Have you ever felt threatened, been hit or hurt by someone who you live with?*
- *Would you need an alternate place to stay in order to isolate from others for the required amount of time?*
- *You may be off from work during home isolation or may be able to telework if that is a policy at your workplace and you feel healthy enough to continue working. How will you approach this discussion with your employer? Will you be getting paid sick leave from your employer?*
- *What concerns do you have about the financial impact that home isolation will have?*
- *What concerns do you have about how home isolation will affect your health and well-being? What do you think you can do or what support do you need to make a positive impact on your health and well-being?*

Conclusion

Aim: Check on agreements, answer remaining questions, provide reminders.

We have talked about a lot of topics today and I greatly appreciate your time. I just want to review some things.

- *You are expected to remain at home, separated from others that are not fully vaccinated, for at least 10 days, at minimum that would be **END DATE** (**ONSET DATE**+10 days), and until you are fever free and feeling better for at least 24 hours.*
- *We discussed your plan for how to care for yourself during this time and where you will seek care if you start to feel worse.*
- *Someone from my team will reach out to those we have determined may have potentially been exposed, your privacy will be protected and your name and information will not be shared with your employer/university/etc.*

*I want to confirm the best way to reach you is **PHONE NUMBER/EMAIL**. If you have any questions and need to reach me, my name again is **NAME** and you can contact me by calling **HEALTH DEPARTMENT NUMBER**. You may also visit vdh.virginia.gov to find more information as well.*

Thank you very much for taking the time to talk to me and help us stop the spread of COVID-19. I know this is a very difficult time for you [and your family], and we truly want everything to go well for you.

Reminders

- **Document if the case-patient provided close contacts for tracing and how many were entered into Sara Alert.**
- **Document the earliest date on which an interview was attempted.**
- **Document the date the initial interview was completed.**
- **Document the Interview Status.**
- Enter all information in red AND bolded within 24 hours of completed interview.
- Offer assistance or direction for scheduling a vaccine appointment for people who are not fully vaccinated after they are released from isolation.

Appendix A: Case Investigator FAQ

1. Q: How does VDH define a close contact?

A: Close contact is defined as being within approximately 6 feet of a person infected with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct contact with infectious secretions of COVID-19 (e.g., being coughed on, sharing utensils, kissing, etc.) starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated.

- Data are limited to precisely define the 'prolonged exposure' to determine 'close contact', however 15 minutes of close exposure at a time can be used as an operational definition for contact investigation.
- Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk), and whether either the case patient or contact were wearing an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment).
- At this time, differential determination of close contact for those using fabric face coverings is not recommended.
- Any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

2. Q: What is the contact elicitation window?

A: The timeframe when the case was likely infectious and not under isolation. This is the time period for which possible contacts should be elicited.

3. Q: What is isolation?

A: The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

4. Q: What is quarantine?

A: The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic from others who have not been so exposed to prevent the possible spread of the communicable disease. Quarantine may be voluntary or compelled by federal, state, or local public health order.

Appendix B: Close Contact Elicitation Tool

This table is intended to assist in the elicitation of close contact names, locating, other pertinent health information. Print copies as needed.

Name of Contact and Date of Birth (or Age)	Relationship to Case-patient	Locating Information <i>e.g., phone, address, employer, email</i>	Last Date of Exposure or Ongoing Exposure	Type/Duration of Exposure <i>e.g., setting, minutes/hours, activity</i>	Risk Information <i>e.g., healthcare personnel, live or work in congregate setting, high-risk</i>	Other Pertinent Information <i>e.g., symptomatic, tested already, previous case</i>

Appendix C: Elicitation of Exposure Sites and Settings

This table is intended to assist in exploring locations of facilities or places where the case-patient visited or worked while infectious (Exposure Site), and the specific areas within each facility (Exposure Setting), and people who may have been exposed. This information can be used to inform the exposure settings and individuals of potential exposures. Print copies if needed.

Exposure Site <i>e.g., facility name and location</i>	Exposure Setting <i>e.g., area within the facility, room, building floor, production line</i>	Type of Exposure <i>e.g., talking, singing, physical contact, eating</i>	Date of Exposure <i>e.g., most recent date, frequency, other relevant dates</i>	Duration of Time Spent in Exposure Settings	Contact(s) <i>e.g., number of people, names</i>	Prioritization <i>e.g., symptomatic, type of exposure, proximity, high-risk people, healthcare facility</i>

Appendix E: Key Dates

Symptom Onset Date: _____

First Positive Specimen Collection Date: _____

Infectious State Date (symptom onset date (or if asymptomatic, first positive specimen collection date) – 2 days): _____

Start of Isolation Date: _____

Contact Elicitation Period (Infectious Start Date through Start of Isolation Date): _____